controlled substances monitoring program; delegates

State of Arizona Senate Fifty-fifth Legislature First Regular Session 2021

SENATE BILL 1091

AN ACT

AMENDING SECTIONS 36-2604 AND 36-2606, ARIZONA REVISED STATUTES; RELATING TO THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona: Section 1. Section 36-2604, Arizona Revised Statutes, is amended to read:

36-2604. <u>Use and release of confidential information;</u> <u>definitions</u>

- A. Except as otherwise provided in this section, prescription information submitted to the board pursuant to this article is confidential and is not subject to public inspection. The board shall establish procedures to ensure the privacy and confidentiality of patients and that patient information that is collected, recorded and transmitted pursuant to this article is not disclosed except as prescribed in this section.
- B. The board or its designee shall review the prescription information collected pursuant to this article. If the board or its designee has reason to believe an act of unprofessional or illegal conduct has occurred, the board or its designee shall notify the appropriate professional licensing board or law enforcement or criminal justice agency and provide the prescription information required for an investigation. The board may delegate the duties prescribed in this subsection to the executive director pursuant to section 32-1904.
- C. The board may release data collected by the program to the following:
- 1. A person who is authorized to prescribe or dispense a controlled substance SUBSTANCES, or a delegate who is authorized by the prescriber or dispenser, to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient OR TO ASSIST WITH OR VERIFY COMPLIANCE WITH THE REQUIREMENTS OF THIS CHAPTER, THE RULES ADOPTED PURSUANT TO THIS CHAPTER AND THE RULES ADOPTED BY THE DEPARTMENT OF HEALTH SERVICES TO REDUCE OPIOID OVERDOSE AND DEATH.
- 2. An individual who requests the individual's own prescription monitoring information pursuant to section 12-2293.
- 3. A medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 18, 25 or 29.
- 4. A local, state or federal law enforcement or criminal justice agency. Except as required pursuant to subsection B of this section, the board shall provide this information only if the requesting agency states in writing that the information is necessary for an open investigation or complaint.
- 5. The Arizona health care cost containment system administration and contractors regarding persons who are receiving services pursuant to chapters 29 and 34 of this title OR TITLE XVIII OF THE SOCIAL SECURITY ACT. Except as required pursuant to subsection B of this section, the board shall provide this information only if the administration or a contractor states in writing that the information is necessary for an open investigation or complaint, OR for performing a drug utilization review for controlled substances to help combat THAT SUPPORTS THE PREVENTION OF

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opioid overuse or abuse or for ensuring the continuity of care AND THE SAFETY AND QUALITY OF CARE PROVIDED TO THE MEMBER.

- 6. A HEALTH CARE INSURER. EXCEPT AS REQUIRED PURSUANT TO SUBSECTION B OF THIS SECTION, THE BOARD SHALL PROVIDE THIS INFORMATION ONLY IF THE HEALTH CARE INSURER STATES IN WRITING THAT THE INFORMATION IS NECESSARY FOR AN OPEN INVESTIGATION OR COMPLAINT OR FOR PERFORMING A DRUG UTILIZATION REVIEW FOR CONTROLLED SUBSTANCES THAT SUPPORTS THE PREVENTION OF OPIOID OVERUSE OR ABUSE AND THE SAFETY AND QUALITY OF CARE PROVIDED TO THE INSURED.
- 6. 7. A person who is serving a lawful order of a court of competent jurisdiction.
- 7. 8. A person who is authorized to prescribe or dispense a controlled substance SUBSTANCES and who performs an evaluation on an individual pursuant to section 23-1026.
- 8. 9. A county medical examiner or alternate medical examiner who is directing an investigation into the circumstances surrounding a death as described in section 11-593 or a delegate who is authorized by the county medical examiner or alternate medical examiner.
- 9. 10. The department of health services regarding persons who are receiving or prescribing controlled substances in order to implement a public health response to address opioid overuse or abuse, including a review pursuant to section 36-198. Except as required pursuant to subsection B of this section, the board shall provide this information only if the department states in writing that the information is necessary to implement a public health response to help combat opioid overuse or abuse.
- D. DATA PROVIDED BY THE BOARD PURSUANT TO THIS SECTION MAY NOT BE USED FOR ANY OF THE FOLLOWING:
 - 1. CREDENTIALING HEALTH CARE PROFESSIONALS.
 - 2. DETERMINING PAYMENT.
 - 3. PREEMPLOYMENT SCREENING.
 - 4. ANY PURPOSE OTHER THAN AS SPECIFIED IN THIS SECTION.
- D. E. The board may provide data to public or private entities for statistical, research or educational purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.
- F. ANY EMPLOYEE OF THE ADMINISTRATION, A CONTRACTOR OR A HEALTH CARE INSURER WHO IS ASSIGNED DELEGATE ACCESS TO THE PROGRAM SHALL OPERATE UNDER THE AUTHORITY AND RESPONSIBILITY OF THE ADMINISTRATION'S, CONTRACTOR'S OR HEALTH CARE INSURER'S CHIEF MEDICAL OFFICER OR OTHER EMPLOYEE WHO IS A LICENSED HEALTH CARE PROFESSIONAL AND WHO IS AUTHORIZED TO PRESCRIBE OR DISPENSE CONTROLLED SUBSTANCES. A DELEGATE OF THE ADMINISTRATION, A CONTRACTOR OR A HEALTH CARE INSURER SHALL HOLD A VALID LICENSE OR CERTIFICATION ISSUED PURSUANT TO TITLE 32, CHAPTER 7, 11, 13, 14, 15, 16, 17, 18, 19.1, 25, 29 OR 33 AS A CONDITION OF BEING ASSIGNED AND PROVIDED DELEGATE ACCESS TO THE PROGRAM BY THE BOARD. EACH EMPLOYEE OF

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 THE ADMINISTRATION, A CONTRACTOR OR A HEALTH CARE INSURER WHO IS A LICENSED HEALTH CARE PROFESSIONAL AND WHO IS AUTHORIZED TO PRESCRIBE OR DISPENSE CONTROLLED SUBSTANCES MAY AUTHORIZE NOT MORE THAN TEN DELEGATES.

E. G. A person who is authorized to prescribe or dispense a controlled substance SUBSTANCES or the chief medical officer OR OTHER LICENSED HEALTH CARE PROFESSIONAL of the administration, or a contractor OR A HEALTH CARE INSURER WHO IS AUTHORIZED TO PRESCRIBE OR DISPENSE CONTROLLED SUBSTANCES shall deactivate a delegate within five business days after an employment status change, the request of the delegate or the inappropriate use of the controlled substances prescription monitoring program's central database tracking system.

F. H. For the purposes of this section:

- 1. "Administration" and "contractor" have the same meanings prescribed in section 36-2901.
 - 2. "Delegate" means any of the following:
- (a) A licensed health care professional who is employed in the office of or in a hospital with the prescriber or dispenser.
- (b) An unlicensed medical records technician, medical assistant or office manager who is employed in the office of or in a hospital with the prescriber or dispenser and who has received training regarding both the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 164, subpart E) and security standards (45 Code of Federal Regulations part 164, subpart C).
- (c) A forensic pathologist, medical death investigator or other qualified person who is assigned duties in connection with a death investigation pursuant to section 11-594.
- (d) A licensed pharmacy technician trainee, pharmacy technician or pharmacy intern who works in a facility with the dispenser.
- (e) Any employee of the administration, or a contractor OR A HEALTH CARE INSURER who is authorized by the administration's, or contractor's OR HEALTH CARE INSURER'S chief medical officer OR OTHER LICENSED HEALTH CARE PROFESSIONAL WHO IS AUTHORIZED TO PRESCRIBE OR DISPENSE CONTROLLED SUBSTANCES.
- 3. "HEALTH CARE INSURER" HAS THE SAME MEANING PRESCRIBED IN SECTION 20-3151.
- Sec. 2. Section 36-2606, Arizona Revised Statutes, is amended to read:

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36-2606. Registration; access; requirements; mandatory use; annual user satisfaction survey; report; definitions
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A. A medical practitioner regulatory board shall notify each medical practitioner who receives an initial or renewal license and who intends to apply for registration or has an active registration under the controlled substances act (21 United States Code sections 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances

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prescription monitoring program's central database tracking system. The Arizona state board of pharmacy shall provide access to the central database tracking system to each medical practitioner who has a valid license pursuant to title 32 and who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904). The Arizona state board of pharmacy shall notify each pharmacist of the pharmacist's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. The Arizona state board of pharmacy shall provide access to the central database tracking system to each pharmacist who has a valid license pursuant to title 32, chapter 18 and who is employed by EITHER:

- 1. A facility that has a valid United States drug enforcement administration registration number.
- 2. THE ADMINISTRATION, A CONTRACTOR OR A HEALTH CARE INSURER AND WHO HAS A NATIONAL PROVIDER IDENTIFIER NUMBER.
 - B. The registration is:
- 1. Valid in conjunction with a valid United States drug enforcement administration registration number and a valid license issued by a medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 25 or 29.
- 2. Valid in conjunction with a valid license issued by the Arizona state board of pharmacy for a pharmacist who is employed by EITHER:
- (a) A facility that has a valid United States drug enforcement administration registration number.
- (b) THE ADMINISTRATION, A CONTRACTOR OR A HEALTH CARE INSURER AND WHO HAS A NATIONAL PROVIDER IDENTIFIER NUMBER.
 - 3. Not transferable or assignable.
- C. An applicant for registration pursuant to this section must submit an application APPLY as prescribed by the board.
- D. Pursuant to a fee prescribed by the board by rule, the board may issue a replacement registration to a registrant who requests a replacement because the original was damaged or destroyed, because of a change of name or for any other good cause as prescribed by the board.
- E. A person who is authorized to access the controlled substances prescription monitoring program's central database tracking system may do so using only that person's assigned identifier and may not use the assigned identifier of another person.
- Beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a medical practitioner, before prescribing an opioid analgesic benzodiazepine controlled substance listed in schedule II, III or IV for a patient, shall obtain a patient utilization report regarding the patient preceding twelve months from the controlled substances for the prescription monitoring program's central database tracking system at the

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beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment. Each medical practitioner regulatory board shall notify the medical practitioners licensed by that board of the applicable date. A medical practitioner may be granted a one-year waiver from the requirement in this subsection due to technological limitations that are not reasonably within the control of the practitioner or other exceptional circumstances demonstrated by the practitioner, pursuant to a process established by rule by the Arizona state board of pharmacy.

- G. Before a pharmacist dispenses or before a pharmacy technician or pharmacy intern of a remote dispensing site pharmacy dispenses a schedule II controlled substance, a dispenser shall obtain a patient utilization report regarding the patient for the preceding twelve months from the controlled substances prescription monitoring program's central database tracking system at the beginning of each new course of treatment. The Arizona state board of pharmacy shall establish a process to provide to a dispenser a waiver for up to one year after the effective date of this amendment to this section from the requirement in this subsection due to technological limitations that are not reasonably within the control of the dispenser or other exceptional circumstances as demonstrated by the dispenser.
- H. The medical practitioner or dispenser is not required to obtain a patient utilization report from the central database tracking system pursuant to subsection F of this section if any of the following applies:
- 1. The patient is receiving hospice care or palliative care for a serious or chronic illness.
- 2. The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
 - 3. A medical practitioner will administer the controlled substance.
- 4. The patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
- 5. The medical practitioner is prescribing the controlled substance to the patient for $\frac{100}{100}$ NOT more than a five-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.
- 6. The medical practitioner is prescribing the controlled substance to the patient for $\frac{1}{100}$ NOT more than a five-day period for a patient who has suffered an acute injury or a medical or dental disease process that is diagnosed in an emergency department setting and that results in acute pain to the patient. An acute injury or medical disease process does not include back pain.
- I. If a medical practitioner or dispenser uses electronic medical records that integrate data from the controlled substances prescription monitoring program, a review of the electronic medical records with the

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integrated data shall be deemed compliant with the review of the program's central database tracking system as required in subsection F of this section.

- J. The board shall promote and enter into data sharing agreements for the purpose of integrating TO INTEGRATE the controlled substances prescription monitoring program into electronic medical records.
- K. By complying with this section, a medical practitioner or dispenser acting WHO ACTS in good faith, or the medical practitioner's or dispenser's employer, is not subject to liability or disciplinary action arising solely from either:
- 1. Requesting or receiving, or failing to request or receive, prescription monitoring data from the program's central database tracking system.
- 2. Acting or failing to act on the basis of the prescription monitoring data provided by the program's central database tracking system.
- L. Notwithstanding any provision of this section to the contrary, medical practitioners or dispensers and their delegates are not in violation of this section during any time period in which the controlled substances prescription monitoring program's central database tracking system is suspended or is not operational or available in a timely manner. If the program's central database tracking system is not accessible, the medical practitioner or dispenser or the medical practitioner's or dispenser's delegate shall document the date and time the practitioner, dispenser or delegate attempted to use the central database tracking system pursuant to a process established by board rule.
- M. The board shall conduct an annual voluntary survey of program users to assess user satisfaction with the program's central database tracking system. The survey may be conducted electronically. On or before December 1 of each year, the board shall provide a report of the survey results to the president of the senate, the speaker of the house of representatives and the governor and shall provide a copy of this report to the secretary of state.
- N. This section does not prohibit a medical practitioner regulatory board or the Arizona state board of pharmacy from obtaining and using information from the program's central database tracking system.
 - O. For the purposes of this section:
- 1. "ADMINISTRATION" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2901.
 - 2. "CONTRACTOR" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2901.
- $\frac{1}{1}$. "Dispenser" means a pharmacist who is licensed pursuant to title 32, chapter 18.
- 2. 4. "Emergency department" means the unit within a hospital that is designed for the provision of TO PROVIDE emergency services.
- 5. "HEALTH CARE INSURER" HAS THE SAME MEANING PRESCRIBED IN SECTION 20-3151.

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